



Thrive!

A plan for a healthier Nova Scotia



A plan for a healthier Nova Scotia

A policy and environmental approach
to healthy eating and physical activity

June 2012

© Crown copyright, Province of Nova Scotia, 2012

Published through Communications Nova Scotia
for the Department of Health and Wellness.

ISBN: 978-1-55457-486-5


A decorative wavy line in shades of light green and yellow, spanning the width of the page at the bottom.

Table of Contents

Message from the Premier	1
Message from the Minister	3
Executive Summary	4
Introduction	7
The <i>Thrive!</i> Plan	23
The Foundation—Social Policy	25
Strategic Directions	
1. Support a Healthy Start for Children and Families	29
Support parents and families in the early years	29
Strengthen the prevention capacity of primary health care	31
Encourage and support breastfeeding	31
2. Equip People with Skills and Knowledge for Lifelong Health	35
Increase food and nutrition knowledge and skills	35
Increase physical education and physical literacy	37
Educate leaders	40
3. Create More Opportunities to Eat Well and Be Active	43
Make healthy food more accessible and affordable	43
Support food policies in public institutions	44
Decrease the influence of marketing to children and youth	46
Increase physical activity and decrease sedentary time in childcare settings and schools	47
Increase participation in after-school programs	48
4. Plan and Build Healthier Communities	51
Enhance the built environment to better support healthy eating and physical activity	51
Increase walking, cycling, and other forms of active transportation	53
Support local governments to implement physical activity plans	55
Improve access to facilities and places to be active	56
Leadership and Engagement	59
Measurement and Reporting	61
Conclusion	63
References	64
Action Plan	66

Message from the Premier



This is an exciting time for Nova Scotia with great opportunities on the horizon. The province is on track to balance the books, thousands of good jobs are on the way and the economy is beginning to strengthen. Nova Scotia is indeed poised for a new level of prosperity.

Yet our children are facing a health crisis that threatens to impact those opportunities.

Like many other places in North America, Nova Scotia is facing epidemic levels of childhood obesity, inactivity and unhealthy eating. Diseases like Type 2 diabetes that used to turn up mainly in adults being seen more and more in our children

and young adults. Nova Scotians already face some of the highest rates of chronic, preventable disease in the country and left unaddressed, childhood obesity could drive these rates even higher.

The health-care system may deal with the consequences of unhealthy lifestyles, but the causes are deeply rooted in society. And all of us own the solutions.

Across Nova Scotia, there are dedicated and inspiring people who are taking action to make their communities healthier. For many years, there have been programs and initiatives working to encourage healthy eating and physical activity.

Now, for the first time, Nova Scotia has a plan that makes health a government-wide priority. It builds on the amazing work already underway. It supports, shares and celebrates our successes. And it calls upon government and its partners to show leadership.

Thrive! is about changing the way we live. We need to work together, cutting across many sectors and involving the greater community, including governments, health-care professionals, educators, researchers, employers, transportation authorities, food producers and distributors, sport and recreation organizations and leaders, youth organizations, arts and cultural groups, community leaders, retailers, business associations, the media and the public.

I believe that we can make healthy living the norm in Nova Scotia. And I hope that 20 years from now, our children look back and say that they are living better because of the changes that we are all making today.

We challenge everyone to do their part to make Nova Scotia a place where children, families, and all Nova Scotians can thrive.

Darrell Dexter
Premier

Message from the Minister



Thrive! A plan for a healthier Nova Scotia is about taking action together to make ourselves and our province healthier.

Nova Scotia has among the highest rates of chronic disease in the country. In 2010, we launched our action plan *Better Care Sooner* to improve access to emergency care and provide better health care for Nova Scotians. Part of our commitment was better management of chronic diseases and health conditions. This starts with prevention.

We all know that to make our lives better and to ensure that our health care system is sustainable, we need to improve our health, beginning as early as possible with our children and youth.

Yet busy lives and modern conveniences can make healthy living difficult. We face abundant cheap processed foods, lack of time, food and lifestyle marketing, communities designed for cars and too many hours sitting at desks, cars and screens. All of these factors are risks to our children's health.

Many people believe that we just need to make better choices—that it's about individual will power. The choices that we each make are important but we also need to recognize how they are shaped by the options in front of us where we live, learn, work, commute and play.

To make a real difference in our health, we need the collective will to change our province to make it easier to be healthy.

Thrive! uses policy to create environments that support us all to make healthier choices. It sets out broad directions with the first steps steps that we will take as a government and provides examples of actions, programs and policies that are already reshaping our future.

It took decades to arrive at where we are today and it will take time, hard work and investment to change the path we're on. Working together, we can create a healthier Nova Scotia today, and for generations to come.

Dave Wilson

Minister, Health and Wellness

Executive Summary

The rise in childhood obesity and preventable chronic disease is a global issue. In Nova Scotia, one in three children and youth is overweight or obese, and rates of unhealthy eating, sedentary behaviour, and inactivity are much higher. Our rates of chronic disease are among the highest in the country.

The causes are complex and deeply rooted in society. They range from socioeconomic factors—such as how much money we make, our level of education and where we live—to our busy, rushed lifestyles, and modern conveniences.

Most of us have heard that we need to “eat less and move more” to be healthy. Yet over the last few decades, our social and physical environments have changed in ways that promote the opposite behaviour. The choices we make as individuals are shaped by the choices we have and today, less healthy options outweigh the healthy ones. But we can shift that balance.

In 2010, government committed to develop a childhood obesity prevention strategy. *Thrive! A plan for a healthier Nova Scotia* focuses on healthy eating and physical activity. The plan shifts the emphasis from weight to health and outlines priority actions to create environments that make it easier for Nova Scotians to eat well and be active. These two factors, in addition to helping prevent childhood obesity, are among the most important ways to help all Nova Scotians be happier and healthier today and to reduce the impacts of chronic disease in the future.

There are no simple solutions to prevent childhood obesity and chronic disease. It will take all of us—individuals, organizations, governments, and all sectors of society—working together over the long term to create the cultural shift that is needed to improve our collective health. *Thrive!* lays the foundation to do that. The directions and actions in this plan are based on scientific evidence and expert and public input. They provide a framework for future action that builds on existing success, while setting out realistic and achievable next steps.

Direction #1: Support a Healthy Start for Children and Families

The road to health begins long before we are born. Early experiences influence how our brain develops, our ability to learn, and our long-term health. These experiences include the health and wellbeing of our parents, conditions during pregnancy, and the ways we live, eat, move and play as infants and young children. *Thrive!* focuses on greater use of best practice and guidelines for prevention in public health and primary care, such as consistent growth monitoring, information and resources for parents, and more support for breastfeeding.

Direction #2: Equip People with Skills and Knowledge for Lifelong Health

As we work to change our environment and surroundings, we will also support individuals to be more “health literate.” This means equipping people, starting as young as possible, with the skills and knowledge to make the healthiest possible choices in their circumstances. The ability to move with confidence (physical literacy) and an understanding of food and nutrition, and basic food skills (food literacy) are needed to adopt healthier behaviours for life. The plan includes actions to encourage free play and activity in child-care, increase physical education and activity in schools, and teach food skills and knowledge in schools through community programming.

Direction #3: Create More Opportunities to Eat Well and Be Active

Even when people have skills and knowledge, they face barriers including a lack of time, money and access to opportunities for healthy eating and physical activity. When affordable and appealing options are available in the places we live, learn, commute, work and play, we can build healthy eating and physical activity into our daily routines. *Thrive!* includes actions ranging from supporting healthy eating policies in child-care, schools, sport and recreation settings, and other public institutions, to providing more affordable programming in the critical after-school time period.

Direction #4: Plan and Build Healthier Communities

The way our cities, towns, and communities are designed affects our health. Things like good public transit, well-maintained parks, community gardens, farmers markets, and safe, efficient walking and cycling networks make it easier for people of all ages to be healthier. *Thrive!* includes actions to develop a provincial active transportation policy and plan, work with municipalities on land use policy to support physical activity and healthy eating, expand physical activity leadership programs into all municipalities and Mi’kmaq communities, and increase access to facilities and places to be active.

These four strategic directions require a foundation of strong social policy to support families, increase equity, and ensure that the health of Nova Scotians is considered in all major government policies. The directions are supported by a broad engagement strategy that will celebrate diversity and build on success, and a plan to report regularly to the public on progress.



Introduction

Preventable disease is on the rise

The world is facing a new health crisis. Medical and social advances have eliminated or decreased many infectious diseases like smallpox and measles, but we are now facing a rise in preventable chronic disease. By 2020, chronic conditions, including many cases of heart and lung disease, cancer, and type 2 diabetes, are expected to account for 75 per cent of all deaths worldwide.¹

Over half of Canadians have at least one preventable risk factor for chronic disease.² We now see preventable diseases at higher rates in younger people. At the same time, we're seeing widespread inactivity and poor diets and an unprecedented rise in obesity at all ages.

Everyone wants to be healthy. We all want the best for our children. Generally, we know what we need to do to be healthier, but for most people this knowledge isn't translating to healthier behaviours.

It's now harder to be healthy

Most of us remember a time when healthy eating and physical activity came more naturally. This has changed dramatically in a few short decades.

Our food environment is different

We are surrounded by heavily marketed convenience foods that are often high in salt, fat, and sugar and low in nutrition. Many of us don't have the time or ability to prepare healthy food and enjoy family meals. And rising food costs make it harder for many—and impossible for some—to purchase a basic nutritious diet.

Our communities have changed

Our cities and towns are built for cars. Schools, workplaces, and stores are separated from the places we live, so that we now drive or are bussed to most places we used to walk or bicycle. Children often have less freedom to roam and play because of real and perceived safety concerns.

Technology is replacing movement

We rely on televisions, computers, mobile devices, and other forms of media for entertainment; work at desks; and commute long distances. This keeps us sitting for most of the day. The dozens of "labour-saving devices" we use every day, from remote starters to escalators, give us even fewer reasons to move.

Life is busier

Our time is often overscheduled. This “time crunch” can lead to difficulty balancing the demands of family and work, sleep deprivation, and chronic stress. Even children’s time is scheduled, leaving less opportunity for free, unstructured play.

For all the convenience of modern life, making healthy choices now often requires more effort or expense. The World Health Organization calls our current environment “obesogenic,” meaning that the influence of people and things around us promotes obesity.

Choice or response?

Health behaviours are often framed as choices. As individuals and parents, our choices are important. We all have to take greater responsibility for our health. Evidence is clear, however, that the choices we make are shaped by the choices we have.

The choices we have are shaped by our environment—by the options available in the places we live, learn, work, commute, and play. Our choices are also influenced by our access to resources and by social norms—especially the behaviour of our families, friends, colleagues, and peers.

Today, less healthy options vastly outweigh the healthy ones, and social norms do not support healthy behaviours. It is often implied that problems like childhood obesity and chronic disease are simply the result of people making bad choices. Research suggests that the problem is much more complex and is largely a “normal response, by normal people, to an abnormal environment.”³

Adults are **57** per cent more likely to be obese if they have an obese friend and approximately **40** per cent more likely if they have an obese sibling or spouse.⁴ Children are up to **10** times more likely to be obese when both parents are obese.⁵

Obesity is the symptom that we can see

Today’s children and youth are the first to grow up entirely under the influence of this “obesogenic” environment. Childhood obesity is the most visible sign of how our modern lifestyle is affecting our health. Obesity is a complex issue with root causes that extend far beyond food and activity to a wide variety of factors including sleep, stress, and our underlying genetics.

For many individuals, obesity is accompanied by stigma, bullying, and discrimination in employment, education, and health care.⁶ It is linked to low self-esteem, depression, and other mental-health issues that can interfere with learning and healthy active living. Over the long term, obesity can cause physical problems, such as joint pain and arthritis, significantly affects quality of life and increases risk for other chronic diseases.

Stigma and bias begin in preschool and may get worse as children age. Up to **60** per cent of overweight children report being teased by peers at school.⁶

Our modern lives are not only leading to weight-related problems. Rising obesity rates need to serve as a reminder for “invisible” chronic diseases, such as early diabetes and high blood pressure. These are now increasing among younger people, including many who are not overweight or obese.

Our health can’t be measured in pounds alone

We need to change the conversation from weight to health and shift the focus of our health-care systems from illness to wellness. This plan focuses on one part of the solution, which is to create environments that work to increase healthy eating and physical activity and reduce unhealthy eating and sedentary time. In addition to helping prevent childhood obesity, creating such environments is among the most important ways to help all Nova Scotians be healthier and happier today and to reduce the impact of chronic disease in the future.



What Should We Aim For?

Canada has clear guidelines for nutrition and activity. They outline what we need to do to decrease obesity, diabetes, and other chronic diseases and improve social, emotional, and environmental health. Unfortunately, for many of the reasons described earlier, most of us are not meeting these guidelines.

Breastfeeding has lasting benefits

For infants, breast milk provides the best first nutrition and helps protect against health problems later in life, including overweight and obesity, type 2 diabetes, high blood pressure and heart disease.⁷ It is recommended that, when possible, infants be exclusively breastfed for the first six months of life before solid foods are introduced.^{8,9}

We can be overfed and malnourished at the same time

Eating Well with Canada's Food Guide describes the amounts and types of foods we need to get the right balance of nutrients and energy.¹⁰ The food that surrounds us today makes it easy to consume extra calories while missing important vitamins and minerals. Because many health problems related to the food we eat happen slowly over time, we can be unaware that there is a problem.

Being active means more than exercising

We need to think about being active in a whole new way. For a short time each day we need moderate and vigorous physical activity like biking or running.¹¹ But new evidence on the harmful effects of being sedentary tells us that what we do—or don't do—the rest of the day matters as much. Sedentary behaviour is any wakeful activity (e.g., watching TV, driving) characterized by low-energy expenditure in a sitting or reclining position.¹² Physical activity can be accumulated in 10-minute bouts over the course of a day, and we must also take regular breaks from sitting and build movement into our daily routines.

Much of our sedentary time is spent in front of televisions and computers. For healthy growth and development, screen time should be limited to less than two hours per day for ages 5–17, to one hour for ages 2–4 and avoided completely for children under 2 years of age.¹³

HEALTH GUIDELINES

By the numbers

HEALTHY EATING^{8,9,10}

4–10 Daily servings of vegetables and fruit
(depending on age and gender)

6 Months of exclusive
breastfeeding

PHYSICAL ACTIVITY¹¹

150 Minutes of moderate-vigorous activity
per week for adults

60 Minutes of moderate-vigorous activity
per day for children and youth age 5–17

3 Hours of physical activity per day for
toddlers and preschoolers age 1–4

SEDENTARY BEHAVIOUR¹³ (Screen time daily limit)

2 Hours for
ages 5–17

1 Hour for
ages 2–4

0 Screen time is not recommended
for children under 2 years

How Are We Doing?

Missing benefits of breastfeeding

Breastfeeding rates in Nova Scotia are significantly lower than the national average. While 78 per cent of women try to breastfeed, only 17 per cent of infants are breastfed exclusively for the recommended six months.¹⁴ Generally, less than half of mothers are exclusively breastfeeding at hospital discharge, with rates varying from 36 to 64 per cent across the province.¹⁵

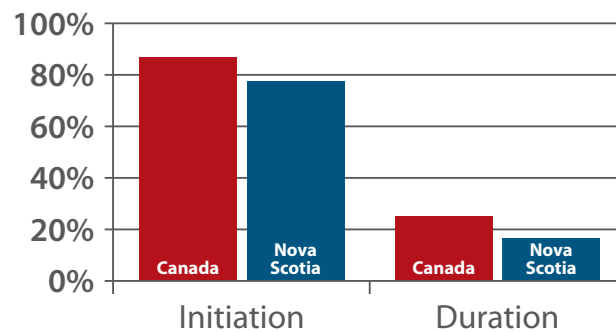


FIGURE 1: Breastfeeding initiation and duration rates

SOURCE: CCHS 2009–10 (self-report)

Thrive! Profile: Keeping Pace

Keeping Pace is an internationally recognized survey of students from across Nova Scotia in grades 3, 7, and 11 that provides information about physical activity, sedentary behaviour, dietary intake and body mass index (BMI). Data is measured directly or reported by students and parents. Keeping Pace has been conducted every four years since 2001–02. It is supported by the Department of Health and Wellness and the Department of Education. The most recent survey was carried out in collaboration with St. Francis Xavier University.

Not eating a healthy, balanced diet

Vegetable and fruit consumption among Nova Scotia youth is alarmingly low. On average, 80 per cent of grade 7 and 11 students—and almost 90 per cent of grade 11 girls—are not meeting the minimum recommended daily servings.¹⁶

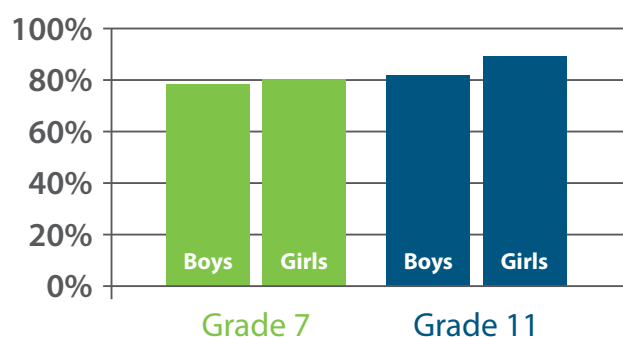


FIGURE 2: Proportion of students reporting less than the minimum recommended servings of vegetables and fruits

SOURCE: *Keeping Pace 2009–10* (self-report)

Students reported an average of 4–6 servings per day of foods from outside the four main food groups. This includes candy and snacks that are often high in fats, sugars, and salt. More than 90 per cent of students are not meeting the minimum recommended intake of fibre. Most students exceeded the upper daily limit for sodium intake of 2,200 mg for ages 9–13 and 2,300 mg for ages 14–19. Boys in each grade had higher average sodium intake than girls (3,838 mg and 2,567 mg, respectively).

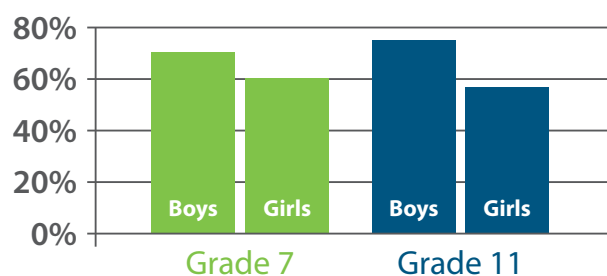


FIGURE 3: Proportion of students exceeding the upper limit of recommended daily sodium intake

SOURCE: *Keeping Pace 2009–10* (self-report)

Access to healthy food is sometimes an issue

Many factors affect our diet. While it is true that unhealthy eating crosses all socioeconomic boundaries, affordability is clearly a factor in what people eat. The cost of a basic nutritious diet continues to rise across the province and elsewhere, and food prices are higher at smaller grocery stores and in rural areas.¹⁷

In Nova Scotia, approximately 10 per cent of households with children report being “food insecure,” meaning that they are not always able to purchase enough healthy food.¹⁴ This is above the national average.

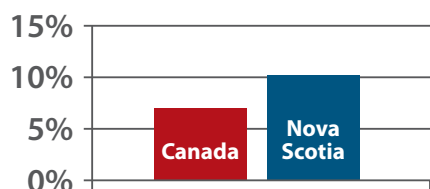


FIGURE 4: Proportion of households with children experiencing food insecurity

SOURCE: CCHS 2009–10 (self-report)

Among students, girls report higher rates of food insecurity than boys, with the highest rates seen in grade 11 students.¹⁶

Moving too little, sitting too much

Canadian children and youth are sedentary for an average of 8.6 hours each day, or about 62 per cent of their waking hours,¹⁸ and in Nova Scotia screen-time rates have been rising.¹⁶

Sitting too long is bad, and worse if in front of the television. Watching TV often leads to more snacking, to greater exposure to advertising of less healthy foods, and to a decrease in quality sleep time. One study found that children consume an extra **167** calories per hour of TV watched.¹⁹

On school days, most students exceed the recommended maximum two hours per day of recreational screen time (time spent using TV, computer, video games). Screen time is higher on weekends. Total sedentary time is even higher when time spent sitting in class, riding in a car or bus and the effects of multiple screens at the same time are considered.

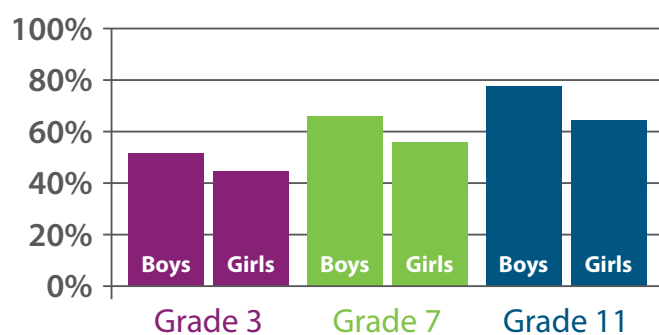


FIGURE 5: Proportion of students reporting more than two hours of recreational screen time per day

SOURCE: Keeping Pace 2009–10 (parent and self-report)

Regardless of the measure used, physical activity rates of children and youth across Canada are low.^{14,18} In Nova Scotia, physical activity levels have been on a downward trend.¹⁶ Less than 30 per cent of grade 7 students and 5 per cent of grade 11 students (and less than 1 per cent of grade 11 girls) now meet the minimum guidelines. The decline in activity from grades 3 to 7 appears to be growing, especially for girls.

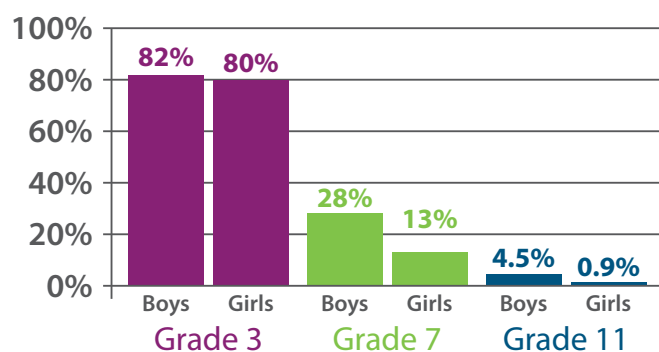


FIGURE 6: Proportion of students meeting minimum physical activity guidelines

SOURCE: Keeping Pace 2009–10 (measured by accelerometer)
(≥60 minutes of moderate or greater physical activity on ≥ 5 days/week)

Students reported a wide variety of activities, but only about half indicated that they had the opportunity to participate in an after-school program that includes physical activity or sports.¹⁶ Between 15 per cent (grade 3 boys) and 45 per cent (grade 11 boys) reported actually attending such a program at least three days per week.

Less than 20 per cent of students walk or bike to school in good weather.¹⁶

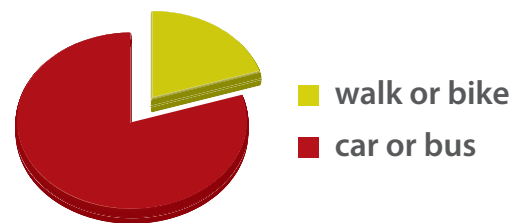


FIGURE 7: Proportion of students walking or biking to school in good weather

SOURCE: *Keeping Pace 2009–10* (parent report)

Changing the way children and youth are growing

Across the country, children are now heavier and have higher body mass indexes and lower measured fitness (e.g., strength and flexibility) than just a few decades ago.¹⁸ In Nova Scotia today, various sources indicate that approximately 1 in 3 children and youth are overweight or obese.^{16,20} It is unclear whether rates of overweight and obesity may be levelling off in Nova Scotia, as seen in some other places. In any case, rates are unacceptably high.

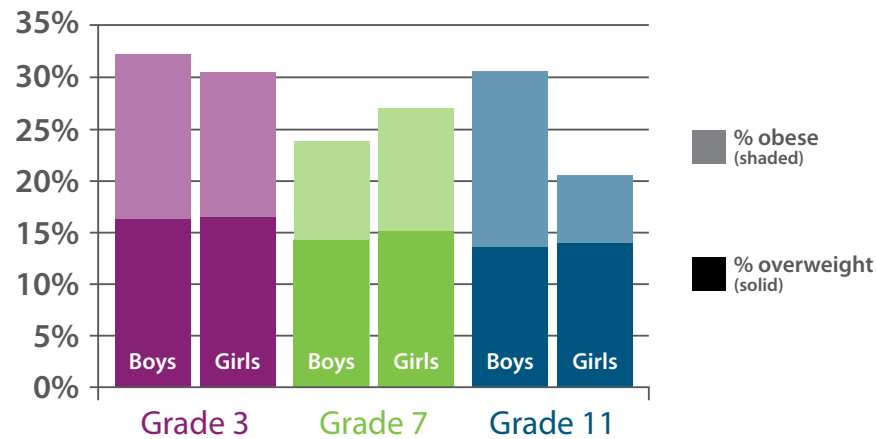


FIGURE 8: Proportion of students with BMI classified as overweight or obese

SOURCE: *Keeping Pace 2009–10*

What does the future look like?

Health behaviours that form in childhood often last into adulthood. Today's generation of children will join a population of adults who are already at very high risk of developing preventable chronic conditions. In our province, vegetable and fruit consumption is lower and rates of overweight and obesity are higher than the national average.¹⁴

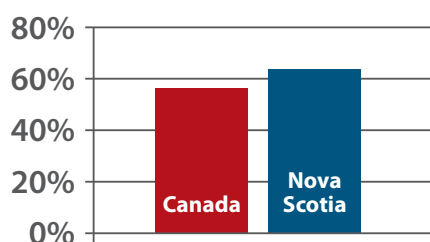


FIGURE 9: Proportion of adults over 18 years reporting fewer than 5 servings of vegetables and fruit per day

SOURCE: CCHS 2009–10 (self-report)

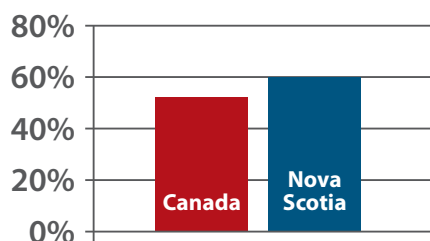


FIGURE 10: Proportion of adults over 18 years reported being overweight or obese

SOURCE: CCHS 2009–10 (self-report)

Women in Nova Scotia have among the highest pre- and post-pregnancy weights in Canada.²¹ This increases the risk of health problems for their children, including obesity, later in life.²² Nova Scotian adults report the same amount of physical activity as the Canadian average,¹⁴ but, when measured directly, only 15 per cent of Canadian adults meet the physical activity standard.²³

Nova Scotia has the highest incidence of chronic disease in Canada.¹⁴ This includes the highest rates of heart and lung diseases and the second-highest rates of diabetes and hypertension. We also have the highest proportion of individuals with multiple chronic conditions.

To improve health behaviours in children and youth, we need to improve adult behaviours, because adults set the example and create environments in which children and youth develop and learn.

It's costing us our health, and more

Today's generation of children and youth carry an unprecedented high risk of preventable chronic disease. And we're beginning to see the early signs. For example, type 2 diabetes (formerly called "adult-onset" diabetes) now accounts for 10 per cent of new diabetes cases among youth in Nova Scotia.²⁴

Chronic disease affects our health and well-being and decreases our quality of life. Chronic disease also creates an economic burden in terms of costs to the health-care system and results in lost productivity in the workplace.

In Nova Scotia, obese children as early as grade 5 have health-care costs 21 per cent higher than their normal-weight peers.²⁵ The total cost of chronic disease related to overweight and obesity was \$452 million in 2010.²⁶ This includes \$192 million in direct costs to the health-care system and \$223 million due to short- and long-term disability. Based on recent rates of increase, costs could total \$9.5 billion over the next 10 years. This includes only provincial government expenditures and does not include the costs of chronic disease in people of normal weight nor costs associated with premature death.

What We Learned

In the spring of 2010, government committed to develop a childhood obesity prevention strategy. Throughout 2010–11 the Department of Health and Wellness led a review of scientific evidence and of best and promising practices. The review included healthy eating, physical activity, and obesity prevention strategies from leading health organizations around the world. Information was used to create a discussion framework.

Local data and input was gathered from over 1,200 stakeholders and members of the public through individual and group dialogues, written submissions, an online survey, healthy eating and physical activity task teams (including interdepartmental consultations), and a scientific advisory panel. The results clearly show that Nova Scotians are passionate about the health of children and youth. People shared a range of opinions, and general themes were consistent with scientific evidence. *What We Heard*, a summary of the online survey and individual and group dialogues, is available at www.thrive.novascotia.ca.

The evidence review and engagement process confirmed that there are no easy answers or quick fixes to prevent obesity and chronic disease. We learned that people believe prevention should be a priority but that many also feel it is not yet truly valued. While unhealthy living and environments are well established as a society-wide issue that call for all sectors to work together, many barriers remain. It is still largely viewed and treated as a health-care issue.

The good news is that many of the solutions are known and that Nova Scotia is already doing many things well. We have not, however, achieved the correct “preventative dose,” or critical mass of action. Current successes need to be celebrated, supported, and expanded to have an impact on the health of Nova Scotians.

Our greatest challenge lies in addressing the disconnect between what we know needs to be done and our willingness and capacity to do it.

Thrive!—Our Approach

Focus broadly on prevention

Obesity and chronic disease are complex issues. However, an estimated 40 per cent of chronic diseases, including cardiovascular disease, diabetes, cancer, and lung disease, can be prevented by addressing common risk factors:²⁷

- Unhealthy eating
- Inactivity and sedentary behaviour
- Tobacco use
- Alcohol use
- Mental health and stress

This plan focuses on making it easier for people to eat better and be more active. Together with strategies for tobacco, alcohol, mental health and addictions, public health renewal, sustainable transportation, road safety, and others, this plan contributes to the Government of Nova Scotia's broad prevention agenda. And it helps to create environments that support the management of obesity and chronic disease.

Use policy to change the environment

Over recent decades, measures such as counselling and education, which rely on individual effort and willpower, have not created adequate change. To be effective, these must be paired with policies that improve socioeconomic conditions and change the environment to make healthy options easier. These measures require more collective will but they can have the greatest impact on the overall health of the population.²⁸

Create shared ownership and build upon existing efforts

Nova Scotia is already a leader in many areas. *Thrive!* will celebrate this success and build upon *Healthy Eating Nova Scotia*, *Active Kids Healthy Kids*, and other provincial strategies, as well as national initiatives like *Curbing Childhood Obesity*.²⁹ We will focus on actions across government departments, while engaging the public and harnessing the power of partners to play their roles.

Sustain action

We need a sustained, long-term approach to change our health and create a societal shift. In the short term we will strengthen policy, planning, and investment in key evidence-based areas. This will provide more opportunities for healthy eating and physical activity in the short term. We will also establish processes for dialogue, collaboration, and action on more complex issues, such as food policy, food security, and the built environment. This will establish a framework and build broad awareness and support for policy solutions that are required over the long term.

Vision

Nova Scotia is a national leader in supporting healthy eating and physical activity and is the easiest place in Canada for children to grow up healthy.

Guiding Principles

Healthy Public Policy

Focus on government policy to change the environment in ways that support individuals to lead healthier lives.

Best and Promising Practices

Apply evidence-informed approaches that are grounded in research, expert consensus, and community and cultural knowledge and experience.

Shared Responsibility and Partnership

Work together across government and with partners to enable everyone to contribute to solutions.

Comprehensiveness and Equity

Consider the broad factors that influence the health and wellness of all Nova Scotians; recognize and celebrate diversity; and increase equity for groups at higher risk.



The *Thrive!* Plan

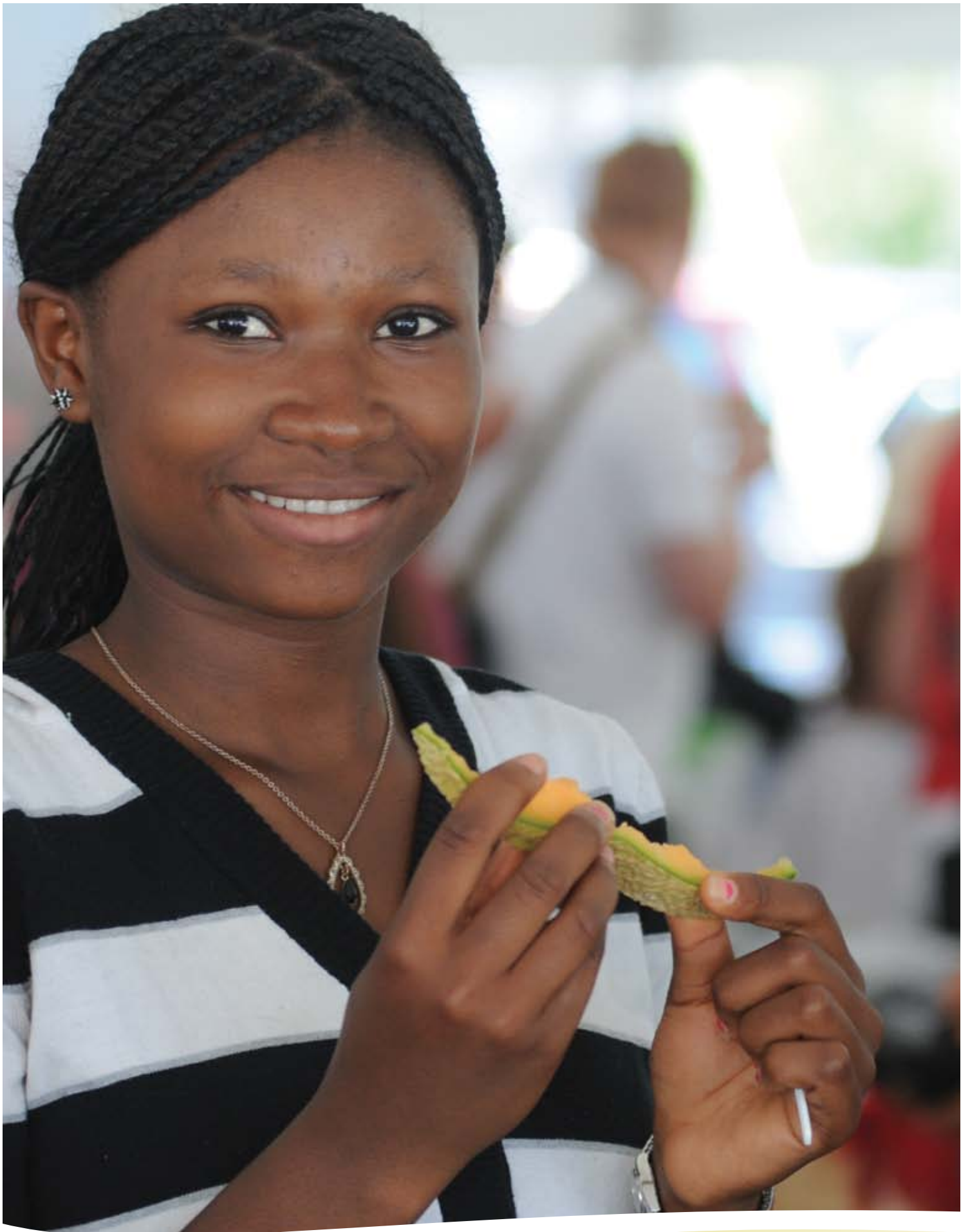
Thrive! has four strategic directions:

1. Support a **Healthy Start** for Children and Families
2. Equip People with **Skills** and **Knowledge** for Lifelong Health
3. Create More **Opportunities** to Eat Well and Be Active
4. Plan and Build **Healthier Communities**

The work in these areas overlaps and links in many cases. No single direction or action will reduce obesity and chronic disease. Sustained progress in each area will increase healthy eating and physical activity and improve health. The directions are built on a foundation of social policy and supported by a broad engagement strategy and a plan to report regularly to the public on progress.

The actions outlined in this document are based on evidence review and consultation, as well as consideration of existing work, readiness for implementation, and the current fiscal environment. They represent the initial priorities under each strategic direction. Further actions will be determined through annual planning and budgeting.





The Foundation—Social Policy

Health starts long before we need health care. It starts at home, at work, in school, and within communities. An estimated 75 per cent of the factors that determine our health lie outside the health-care system.³⁰

Determinants of Health

- Environmental, social, economic, and cultural conditions of our society and communities
- Physical and social conditions that people experience daily in the places where they live, learn, work, and play
- Healthy pregnancy and early childhood development
- Availability, accessibility, and quality of health-care, social, educational, and other services
- Personal characteristics and behaviour, such as lifestyle choices
- Biological factors, such as sex, age, and genetic legacy³¹

Social policy influences many of these determinants. At a population level, health improves at every step up the socioeconomic scale.²⁹ Living with chronic stress, lacking a sense of control over life circumstances, and the widening gap between the rich and the poor that we see in Canada are associated with poor health.³²

Not all Nova Scotians have the same opportunity to be healthy. There are considerable differences among groups with respect to access to culturally competent care and the support needed to stay healthy. These groups include low-income populations, female-led households with children, aboriginal communities, and groups that experience discrimination or other forms of social exclusion.

Government is continually working to improve policies and programs that make life better and more affordable for all Nova Scotians. Actions include the creation of a variety of tax credits, increasing the Nova Scotia Child Benefit, and increasing the personal allowance for people living on income assistance.

Strong social policy is the foundation of all prevention strategies. Governments at all levels need to continue to implement and expand policies that provide a living wage, affordable housing, access to quality child-care, income and employment supports and transition programs, employment standards and arrangements (including parental leave), and affordable transportation. We must also continue to improve our public education system so as to prepare every child for success, and create good jobs and a strong economy to support families and sustain quality public services.

Objective: Develop mechanisms to ensure that provincial decisions are consistent with healthy public policy

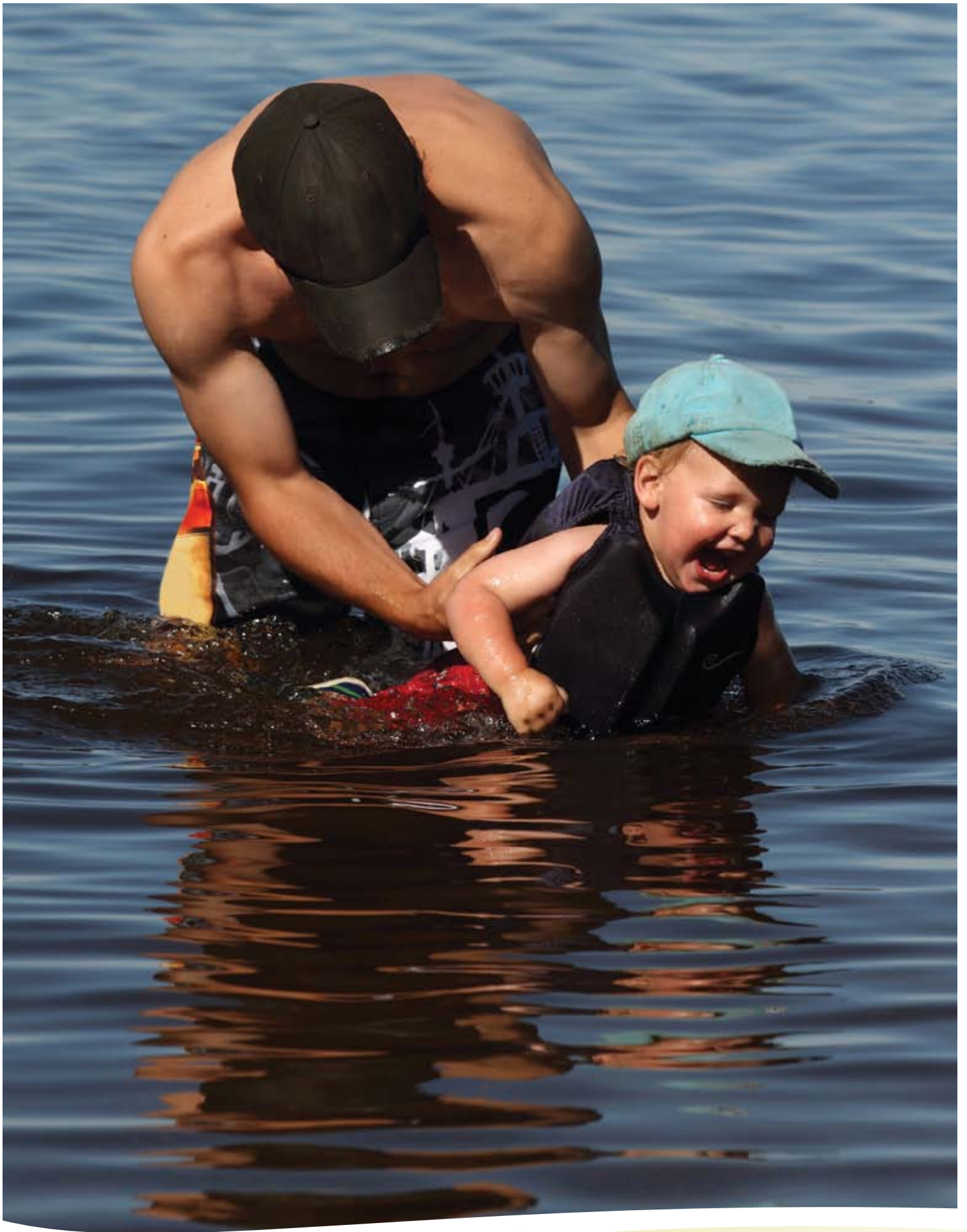
Policies in non-health sectors, such as finance, transportation, education, community services, agriculture, and land-use planning, have a significant impact on people's health. A health impact assessment—or “health in all policies” approach—is a tool to assess the health impact of policies, plans, and projects in diverse sectors. It can increase knowledge and sensitivity about the positive and negative effects of policy on health and provide an opportunity to create better informed healthy public policy, as has been experienced in Quebec and other jurisdictions.³³

Action:

Embed health impact assessment in public health legislation. As part of the Public Health Renewal process, government is working to develop comprehensive public health legislation. A health impact assessment will strengthen this legislation.







Direction # 1:

Support a Healthy Start for Children and Families

Everyone wants the best for their children, and every child deserves to grow up healthy and reach their full potential. Unfortunately, many of our children are not getting the best start, putting them at increased risk for chronic disease later in life. The road to health begins long before we are born. It starts with the health of our parents and conditions during pregnancy and is shaped to a large degree by the way we live, eat, move and play as infants and young children. It is increasingly clear that these earliest influences—both positive and negative—shape trajectories in learning, behaviour, and health. They are critical to brain development and have long-term consequences.³⁴ Government is currently consulting across departments, with stakeholders, and the public to develop an approach to early childhood development that ensures our children get the best start in life.

Objective: Support parents and families in the early years

Raising children is hard and comes with great responsibility. Sometimes the information parents receive about what is best for their child is confusing, conflicts with other advice, or is simply wrong. Public health and primary health care can both play an important role in prevention and promoting healthy behaviours, including providing new parents with objective and consistent information that is easy to understand and follow. Strong family policies and programs support all parents with the resources they need to provide a healthy start for their children, detect problems early and offer targeted support where it is needed.

Actions:

Enhance use of best practice and clinical practice guidelines in public health and primary care. The use of standards and guidelines for nutrition, activity, and growth will ensure consistent evidence-based approaches and help to identify potential problems before they develop. This includes incorporating guidelines for weight gain in pregnancy into the Provincial Prenatal Record and embedding the World Health Organization's growth monitoring charts in the provincial electronic medical record. Infant feeding, healthy eating, physical activity, and growth monitoring will be included in revised provincial postnatal standards and in the development of plans to introduce an enhanced well-child check up at 18 months of age.

Make health information and resources more accessible to parents and new families. Through research and consultation, we need to develop a better understanding of the information parents need and how they would like to receive it. This will begin by making existing information, such as that in the Loving Care series, more accessible by incorporating it into the provincial HealthLink 811 system and exploring opportunities for online delivery, including the use of social media.

***Thrive!* Profile: Loving Care**

Loving Care is a series of books available to all Nova Scotian parents of children from 0–3 years. The books aim to help parents understand and build on their parenting strengths. Three books target specific ages (birth to 6 months, 6 to 12 months, and 1 to 3 years) and a fourth is designed as a resource for families with children of all ages. The Loving Care series provides information about general health, including healthy eating, physical activity, breastfeeding, and growth and development. The development of Loving Care was led by Health and Wellness.



Objective: Strengthen the prevention capacity of primary health care

Prevention is the first step in chronic disease management and is the hallmark of a quality health-care system.³¹ Nova Scotia is building a system of expanded chronic care that incorporates the community and an environment that can engage and empower individuals and health-care providers to be active partners in chronic disease prevention and management.

Action:

Improve access to interdisciplinary collaborative primary health-care teams to encourage and support families to adopt healthy living strategies through continued implementation of *Better Care Sooner*. This approach supports patient-centred care that considers the whole person and their social and cultural context, rather than specific diseases or illnesses. Collaborative teams are better positioned to support prevention by adopting best practice guidelines, offering comprehensive maternity care that goes from preconception to infant care, offering support for self-management, and strengthening links to the community.

Objective: Encourage and support breastfeeding

Breast milk is the best first source of nutrition for infants. It supports healthy growth and development and provides substantial health benefits to both infant and mother. Breastfeeding rates are highest in places where there are family and community support, including workplace policies, and where breastfeeding remains a social norm. The Nova Scotia Provincial Breastfeeding Policy outlines comprehensive action to protect, promote, and support breastfeeding. The policy includes the World Health Organization (WHO)/UNICEF Baby-Friendly Initiative (BFI),³⁵ a global accreditation that recognizes excellence in maternal-child health. Breastfeeding rates are higher where BFI has been implemented.

Actions:

Support Baby-Friendly designation at all hospital and community health facilities. Provide policy support for district health authorities to meet all the requirements for BFI designation, including developing policies for purchasing formula, auditing charts and records, and collecting data. BFI-designated facilities have policies, practices, and training to create supportive environments. They also adhere to the WHO International Code of Marketing of Breastmilk Substitutes.³⁶ This code protects mothers from factors that inhibit breastfeeding, such as inappropriate marketing of breastmilk substitutes (e.g., formula).

Introduce a new grant program for community groups that support and promote breastfeeding to enhance their work, with a focus on vulnerable populations.

Enhance the *firstsixweeks.ca* web portal to include online peer support for new and breastfeeding mothers and provide more information on community-based breastfeeding support.

Support full implementation of all directives in the Nova Scotia Provincial Breastfeeding Policy. Work to implement the WHO International Code of Marketing of Breastmilk Substitutes by advocating for supportive federal legislation and acting on the areas under provincial jurisdiction. Explore opportunities to provide additional support for breastfeeding mothers under the Provincial Labour Code, and investigate the feasibility of establishing a breast milk bank to ensure that all infants, including very ill newborns, have access to human milk.



Thrive! Profile: Make Breastfeeding Your Business

The Lunenburg and Queens Baby-Friendly Committee wanted to build on local community support for families who are breastfeeding. In 2009, the group worked with a nursing student to launch the Make Breastfeeding Your Business: An Action Support Kit. Since then, over 80 groups have taken action in the Lunenburg-Queens area, and the kit has inspired a social movement across Nova Scotia. Towns have changed their policies and hundreds of businesses are taking action to support breastfeeding.





Direction #2: Equip People with Skills and Knowledge for Lifelong Health

Encouraging people to “eat less and move more” without ensuring broader supports and environmental change is not effective. While we work to create healthier environments, we can ensure that future generations are more “health literate,” meaning that they have the ability to access, understand, and act on health information. We can equip people, starting as young as possible, with the skills and knowledge they need to recognize misinformation and make the healthiest choices available in their circumstances.

Objective: Increase food and nutrition knowledge and skills

Food behaviour is intensely personal. We are more likely to eat a balanced diet when we have positive experiences trying new foods from an early age. In our time-pressured society, we are losing a connection to real food. Many children today can’t name common foods like tomatoes, potatoes, and carrots and don’t understand the basics of how food is produced and where it comes from. Fewer people grow or prepare their own food, making it less likely that they’ll pass on basic food skills to the next generation.³⁷ We can help Nova Scotians become more “food literate,” providing them with the knowledge to make informed food choices, the ability to prepare foods that taste good, and the skills to make the most of a limited food budget.

Among adults, **41** per cent of Canadians think it takes too long to prepare healthy foods, and **35** per cent think that healthy foods are not tasty.³⁸

Actions:

Teach children and youth about food and nutrition through school curricula and projects. Support school boards and schools to implement new and existing curricula that develop food knowledge and skills by providing high-quality resources for teachers and students and access to professional learning opportunities. Health Education, Family Studies, and Science curricula all include elements of food and nutrition, and there is now funding and resource support for school garden projects. New Health Education P–6 and Healthy Living 7–9 curricula will be implemented over the next several years, with further focus on food and nutrition.

Increase support for programs that develop food and nutrition skills and knowledge. More support will be provided for selected programs, such as Strive for Five! workshops, with an emphasis on vulnerable populations. Sustainable funding will be provided for the Health Promotion Youth Corps Culture of Food project. This

new initiative takes a “train the trainer” approach with youth leaders, engaging them in hands-on learning about food through peer discussion and debate, sessions and visits with chefs, farmers, nutritionists and others, and cooking and tasting demonstrations.

Develop a provincial food literacy plan. Across Nova Scotia, there are many initiatives that support food literacy. These include urban and community gardens, open farm programs, community-supported agriculture, canning and preserving workshops, cooking classes, and community and collective kitchens. Provincial partners, including representatives of community groups, family resource centres, youth, farmers, chefs, grocers, nutritionists, and others, will be engaged in a facilitated process to develop a plan to build food awareness, knowledge, and skills. The plan will complement the growing food movement, help to coordinate existing efforts and make the best use of provincial resources.

***Thrive!* Profile: YUM (Youth Understanding Mealtime)**

Children can start the YUM program at Bear River First Nation at the age of eight and attend until they graduate from high school. They learn recipes for healthy food, take cooking classes and eat together and talk with a dietitian about the fat, sugar, and salt content of food, food safety, and budgeting. The organizers take photos of students at each class to create personalized cookbooks. When they graduate from high school and move on to the next phase of their lives, the students take their cookbooks with them, documenting 10 years of learning about food.



Objective: Increase physical education and physical literacy

Physical activity is a learned behaviour. When children learn to move from a young age and physical activity is valued, they are more likely to be active and remain active later in life. “Physical literacy” means learning fundamental movement skills—such as balancing, running, jumping, and throwing—and having confidence and control in a range of activities in both indoor and outdoor environments.³⁹ These skills can be adapted for all abilities. Encouraging play is one way to build physical literacy while also developing creativity and problem-solving skills in young children. Being physically literate improves social skills and self-esteem and opens the door to a world of possibilities.

Actions:

Enhance development of physical literacy in regulated child-care settings.

During the pre-school years, children are in learning and discovery mode, constantly exploring how to move their bodies in new and different ways. We will increase capacity within the early childhood sector to enhance physical literacy through new professional development opportunities. This will be done in collaboration with early childhood education training institutes and development support sites.

Increase physical education in Nova Scotia public schools. Physical education is compulsory for the first ten years, and at least one credit is required at the high-school level. Only a small proportion of schools are currently able to meet the goal of 30 minutes of daily physical education in grades P–9, for reasons that include the availability of qualified teachers, equipment, facilities, and hours of instructional time in the school day. The first step is to work collaboratively with school boards on a needs assessment to develop and implement a plan to achieve 30 minutes of quality daily physical education. The initial focus will be on grades P–9.

What is Quality Daily Physical Education (QDPE)?

Quality Daily Physical Education (QDPE) is a high-quality program that is well planned, taught by qualified and enthusiastic professionals and offers a variety of learning opportunities to all students on a daily basis throughout the entire school year.⁴⁰

***Thrive!* Profile: Coldbrook and District School**

At Coldbrook and District School in the Annapolis Valley, students move every day through a combination of daily physical education and physical activity. On days when students don't have physical education, the classroom teacher will run a 30-minute session that includes activities such as snowshoeing, sledding, soccer, flag football, hopscotch, or exercises on the outdoor gym. This school's 27-year-old award-winning program adapts to weather and students' interests and has been very successful in keeping the school community interested in healthy living.



Promote efforts to develop physical literacy in sports and recreation programs.

Sport, physical activity, and recreation programs focus on developing fundamental movement skills. While all activities will be supported, we can increase focus on programs that have broad appeal, are affordable and accessible, and that are more likely to be continued into adulthood. We will develop plans to provide every child with an opportunity to learn to bike and swim. In a province of beaches and lakes, knowing how to swim opens the door to sailing, kayaking, and many other water sports, increases water safety and allows us to enjoy our natural environment more. Teaching more children to safely ride a bike will encourage active modes of transportation.

Thrive! Profile: Tumblebugs

When you're 3 ½ to 5 five years old, you want to move, to roll and jump and see what your body can do. That's what Tumblebugs is all about—exploring basic movement and encouraging kids to be active and creative and to develop social skills and self-esteem. The program is designed for educators and leaders in early childhood care centres, grade primary, family resource centres, municipal recreation programs, and community organizations. It includes an affordable training workshop, a gear kit to support learning, and tip sheets for parents to keep kids moving at home. Gymnastics Nova Scotia leads the program.



Objective: Educate leaders

There are many opportunities to increase the capacity of leaders in a wide variety of fields to promote appropriate messages about health. One important way is to influence education programs that train future leaders and to work with professional organizations to help them both model and teach healthy eating and physical activity to others.

Action:

Influence education and training programs so that more leaders have the knowledge and skills required to support healthy eating and physical activity, avoid weight bias and stigma, recognize resources and supports and engage community members in solutions. This involves addressing post-secondary education as well as training and development programs for professionals and volunteers.

Thrive! Profile: Physical Activity Practitioners' Exchange

Since coming together in 2007, this group of physical activity practitioners has met regularly to learn, share experiences, and contribute ideas. Their aim is to build capacity to promote physical activity in Nova Scotia through professional development. They explore themes in policy development, evaluation, marketing, partnerships, youth engagement, and best practices in active transportation, sport, and outdoor recreation. Members work for regional organizations, municipalities, school boards, district health authorities, and provincial non-profit organizations.

Health Promoting Schools

Many actions in *Thrive!* are supported by Nova Scotia's Health Promoting Schools. The Health Promoting Schools initiative encourages children and youth to eat well and be active, as part of a broader approach that promotes the physical, social, spiritual, mental, and emotional well-being of all students and staff. Its goal is to improve educational outcomes, recognizing that good health is an important prerequisite for learning. Students in schools with a coordinated Health Promoting Schools program have lower rates of overweight and obesity, follow healthier diets, and report more physical activity than those in schools without coordinated programs, according to a province-wide study of 5,000 grade 5 students and their parents.⁴¹ Health Promoting Schools is a partnership led by the Departments of Education and Health and Wellness that involves eight school boards, the Mi'kmaw Kina'matnewey, district health authorities, and community members.



Direction #3:

Create More Opportunities to Eat Well and Be Active

Even with skills and knowledge, many Nova Scotians cite a lack of time, money, and access as key barriers to healthy eating and physical activity. Affordable and appealing options must be available in the places we live, learn, commute, work, and play before we can expect healthy eating and physical activity to become part of our daily routines.

Objective: Make healthy food more accessible and affordable

Affordability is a growing concern for many Nova Scotians as food prices rise worldwide. Some neighbourhoods don't have stores that sell healthy food, and not all families have transportation to get to stores where they do exist. These are difficult problems. Food is at the core of a highly complex system that includes the way it is produced, processed, distributed, priced, marketed, and consumed. Each stage is controlled by several levels of government and by businesses from the local to multinational level. We can begin to influence access and affordability by supporting local agriculture and fisheries and building sustainable community food systems, and by exploring food policies, such as incentives to bring grocery stores or farmers' markets to underserved neighbourhoods. We can also make healthy food more accessible by working to limit salt, fat, and sugar in processed foods.

Actions:

Develop policy options on specific issues of food access and affordability, through a cross-government committee. The new committee will align departmental goals and develop policy options on food security and the use of food security data to inform government policies and programs; on financial incentives and disincentives to improve access to healthy food; on production, promotion, distribution, and procurement of local, healthy food; and on the role of existing or new food policy councils in supporting policies that address access and affordability.

Work to limit fat, added sugar, salt, and caffeine and to eliminate trans fats in the food supply by advocating for the strongest possible national approaches and by exploring the regulatory opportunities under provincial jurisdiction.

Thrive! Profile: Hope Blooms

Sometimes, you can bottle your dreams. Youth in the Hope Blooms project are growing herbs in the North End Community Garden, creating and bottling salad dressings and selling them at the local farmers' market. The project teaches youth about business, sustainable food systems, and food security. Profits go into buying seeds, soil, and ingredients for products and into a scholarship fund for inner-city youth. The garden also helps to provide food for



the community. So far, 34 youth and 14 families are farming two large plots with everything from herbs to tomatoes to watermelons. Like the garden, local interest is growing. This is an initiative of the North End Community Health Centre, with supportive funding from the Black Business Initiative, and many organizations and community members.

Objective: Support food policies in public institutions

Food policies create environments that help people to eat well. A supportive environment makes healthy food the easiest or “default” option and decreases the pressure on people to continually resist less healthy foods. Nova Scotia is a national leader with comprehensive healthy eating policies and standards in schools and childcare settings. These policies are tailored to each setting and can address infant feeding, pricing, portion size, minimum eating time, fundraising and special functions, marketing and advertising, access to drinking water, procuring local food, role modelling, and environmental considerations. There are many opportunities to strengthen existing policies, to expand to more places where children, youth, and families gather, and to support all Nova Scotians to eat well.

Actions:

Enhance implementation of the *Standards for Food and Nutrition in Regulated Child Care Settings* by providing more support for the professional development of workers and for the purchase of resources that support the policy.

Enhance implementation and monitoring of the *Food and Nutrition Policy for Nova Scotia Public Schools*. Review and revise the policy, with youth input, to reflect the updated Canada Food Guide and communicate the revised policy to school boards, schools, and parents.

Support the Provincial Breakfast Program to transition to a new registered charitable model and continue ongoing financial support. This program currently supports healthy eating and learning readiness by providing a nutritious breakfast for students in over 350 schools and community settings. Moving to a stakeholder-led, registered charitable model will build sustainability by leveraging funds from public, private, and corporate sectors. The new entity, Nourish Nova Scotia, will have a broader mandate in partnership with schools and communities. Over time it will expand beyond breakfast to school gardens, lunch and snack programs, vegetable and fruit campaigns, cooking skills programs, and farm-to-school initiatives.

Expand food policies in publicly funded institutions with resources and support for policy development. A provincial advisory committee is in place to advance food policy in sport and recreation settings, and district health authorities and the IWK Health Centre are taking action individually and through a provincial committee to enhance food policy in health-care settings. The Council of Nova Scotia University Presidents is exploring food policy development in universities and colleges. The Department of Health and Wellness will pilot a healthy eating policy within the provincial government.

Create a policy requiring new physical activity and sport facilities that receive provincial funding to adopt healthy eating policies.

***Thrive!* Profile: Healthy Eating in Recreation and Sport Settings**

The Healthy Eating in Recreation and Sport Settings (HERSS) initiative aims to help people be healthier in their everyday sport and recreation pursuits. Since 2010, a Provincial Advisory Committee has been working to build awareness and develop a vision and action plan for province-wide efforts to provide healthy food and beverages in sport and recreation settings. New policies and practices are rippling out across the province. For example, the Yarmouth-Shelburne Municipal Recreation Association completed a community survey and stakeholder assessment. Lunenburg and Queens are looking at policies for healthy eating in municipal settings, including developing menus and resources, exploring food costing and bulk purchasing. In Truro, a committee is working to make sure the new Central Nova Scotia Civic Centre opens with choices for healthy foods and beverages.

Objective: Decrease the influence of marketing to children and youth

With recent advancements in technology, marketing to children has expanded from television to include the Internet and social media sites, adver-gaming, product packaging, child-focused books and magazines, clothes, toys, and much more. Marketing has a strong influence on the foods that children and youth request.⁴² It is also believed to have other negative effects, such as limiting creative play, encouraging sedentary behaviour, and promoting unhealthy body images and consumerism. There is growing public support to restrict marketing to children.⁴³

Action:

Work through national and provincial mechanisms to coordinate and enhance efforts to decrease marketing to children. Health Canada recently committed to working with industry to increase the effectiveness of the current voluntary approach. Nova Scotia will continue to advocate for the strongest possible federal action to limit marketing to children. Some aspects of marketing to children are under provincial jurisdiction. We will explore further policy options to limit the influence of marketing in places where children and youth gather, work to develop media literacy skills in youth and build awareness and advocacy among concerned parents.

Thrive! Profile: Limiting Marketing to Children and Youth through Food Policies

Nova Scotia's comprehensive food policies in regulated child-care settings and public schools limit the influence of marketing. For example, since the Food and Nutrition Policy for Nova Scotia Public Schools was introduced in 2006, schools have replaced advertising on vending machines with generic colours or messaging that promotes water, and many have removed gymnasium clocks and scoreboards advertising products that do not meet the food and beverage standards.

Objective: Increase physical activity and decrease sedentary time in childcare settings and schools

Childcare settings and schools are key in the development of physical literacy. They are also important settings to support children and youth to meet more of their daily physical activity requirement, and to reduce sedentary time. There is increasing evidence that physical activity improves learning by enhancing memory, concentration, and mood.⁴⁴ Beyond physical education classes, physical activity can be achieved through free and active play, extracurricular activities such as games at recess or intramurals, and walking or biking to and from school. Sedentary time can be reduced through active learning, which incorporates more movement into lesson plans for many subjects, as well as active classroom design.

Actions:

Develop and implement guidelines for regulated childcare settings. For the first time, Canada has guidelines for physical activity and sedentary behaviour for children aged 0–4 years.^{11,13} Working with early childhood education training institutes and development support sites, this new information will be incorporated into guidelines for early childhood settings and programs. The new guidelines will enhance daily participation in free and structured active play, develop physical literacy skills, and reduce sedentary behaviours.

Work with school boards to identify the capacity required to increase opportunities for physical activity during the school day. Coordinating physical activity requires people with the time and the appropriate skills and training to organize, manage, and supervise. They can be teachers or other specialists, as well as partner organizations, community groups, and volunteers.

Support active learning in the classroom to reduce sedentary time by identifying best practices and creating professional development opportunities, including video and online resources.

Encourage walking, biking, and other forms of wheeling to and from school by continuing support for Active and Safe Routes to School and encouraging school travel planning.

***Thrive!* Profile: Doctors Nova Scotia Kids' Run Club**

Doctors Nova Scotia started the Kids' Run Club in 2003 to help children and youth adopt healthy habits that will last into adulthood. The free school-based program has more than 15,500 kids at 215 schools running up to three times a week. Handbooks for coaches and runners, a Healthy Living Challenge to encourage participants to eat well, stay active, and reduce their screen time, and a running log and final fun run—all work together to keep young people motivated and on track. The program won the 2006 Health Promotion and Innovation Award of Excellence from the Canadian Institute of Child Health. Partners include schools, the Canadian Medical Association, the Royal Bank of Canada, and the Province.



Objective: Increase participation in after-school programs

Canadian children and youth spend almost 60 per cent of the after-school time period (between 3 pm and 6 pm) being sedentary.¹⁸ High-risk behaviours, such as drinking, sexual activity, and crime are often reported as occurring during this time.⁴⁵ The after-school time period is an important window of opportunity to increase healthy eating and physical activity. Safe and affordable after-school options provide a healthy

alternative to high-risk behaviours and can reduce stress on busy parents. Provincial government departments, schools, municipalities, non-profit organizations, and community groups offer a wide variety of after-school programs at different price ranges, including some that are free.

Actions:

Implement the new community-use of-schools grant program. As part of the *Kids and Learning First* strategy, this new grant program enables groups to access school facilities after hours and on weekends to offer a variety of programs, including many that promote active, healthy living.

Develop and implement a new community-based after-school program targeted at junior high students. This new program will provide greater access to after-school activities in rural and remote communities and wherever bussing and transportation present problems. The program will be targeted to junior high students, during the years of greatest physical activity decline.

Increase quality, coordination and sustainability of after-school programming by establishing a provincial government working group to examine gaps and inefficiencies, and to incorporate more healthy eating and physical activity into existing programs where possible. Current programs include the Lighthouses Program, the community-use-of-schools policy and grant program, SchoolsPlus, and a range of sport and recreation programs, including the Regional Development Grant Program, which are offered through various departments. Part of this process involves maximizing federal support for after-school programming and continuing to collaborate on standards, partnerships, and funding opportunities through federal-provincial-territorial processes.

***Thrive!* Profile: The Art of After-School in Amherst**

It took a community outreach worker and a designated space for the Amherst SchoolsPlus Community Room to open up the possibilities for after-school programming at Amherst Regional High School and for other schools in the area. Now student participation is on the rise! One popular series is “The Art of ...” workshops. Designed with advice from 12- to 19-year-olds in partnership with Cumberland Kids, this after-school program has hosted sessions on archery, judo, skateboarding, yoga, and cooking, to name a few. Volunteers, staff, and organizations help lead the activities. The workshop series shows how collaboration through SchoolsPlus can make schools a convenient place for children, youth, and families to access services and programs.



Direction # 4:

Plan and Build Healthier Communities

There is growing awareness that the way our cities, towns, and communities are designed affects our health. Active, sustainable community design strategies make it easier for people of all ages to be healthy. These strategies include good public transit, well-maintained parks, community gardens, farmers' markets, and safe, efficient walking and cycling networks. Municipalities have jurisdiction over many aspects of land use, community planning, and recreation and transportation infrastructure. Across Nova Scotia, many municipalities are already working with district health authorities, school boards, and other local government and community partners to plan and build healthier communities.

Objective: Enhance the built environment to better support healthy eating and physical activity

Many municipalities are creating policies and land-use plans that support healthy eating and physical activity. We can further this work by recognizing and profiling the successes of Nova Scotia cities, towns, and communities and by identifying municipalities who want to lead and champion efforts to create long-term, sustainable change in the built environment. These actions will be supported by policy to create greater alignment between provincial and municipal priorities and actions.

Actions:

Create a Statement of Provincial Interest on land use to support healthy eating and physical activity. These policy statements under the *Municipal Government Act* set the direction and provide a framework for dealing with particular issues and are incorporated into municipal planning strategies.

Develop resources to support implementation of the Statement of Provincial Interest, including best practice guidelines and model by-laws from within Nova Scotia and from other jurisdictions.

***Thrive!* Profile: Sustainable Bridgewater**

Can Bridgewater and surrounding Lunenburg County become a model of a healthy, sustainable community? That's what the town and its partners aim to do through its Integrated Community Sustainability Plan. The vision outlines "solution areas" in energy, food, transportation, the economy, municipal infrastructure, and education for sustainability. Local government, businesses, organizations, and families are reshaping Bridgewater—with bicycle lanes, community gardens, and solar panels on the town hall. Progress has been achieved by committed officials, many partners, including South Shore Health, and the groundswell rising through the Community Sustainability Network. This network involves a website, events, and the collective efforts of Bridgewater's citizens.



Objective: Increase walking, cycling, and other forms of active transportation

Investing in active transportation, primarily walking and cycling, is one of the best ways to increase physical activity on a daily basis and improve health for all age groups.⁴⁶ Active transportation includes travel for fitness and recreation, as well as travel to school or work. It enables people to meet some or all of their daily physical activity requirements, breaks up sedentary time, and increases quality of life. When used in place of motorized vehicles, active transportation decreases air pollution and enhances community safety. To enable the use of active transport, the places where people live, learn, work, play, and shop need to be connected by pathways, trails, bike lanes, sidewalks, and public transit. This also requires compact, mixed-use development to ensure that streets and communities are safe and attractive. Many municipalities and organizations are working to advance active transportation at the community and provincial levels, including using gas tax revenue for active transportation projects. Provincial-level policies, plans, and resources are needed to better support this work.

Actions:

Develop a provincial active transportation policy and implementation plan. A newly established Provincial Active Transportation Team (PATT) comprising of nine departments will work with partners to develop the policy and plan. The policy and plan will include a process for the province and municipalities to work together on design, planning, and funding for active transportation infrastructure at the municipal level. Plans to teach children and youth to bicycle safely and to create safe environments for cycling will also be addressed through this process.

Ensure that active transportation is included in the criteria for selecting the locations of schools. Schools are a prime daily destination for children and youth, and the location of a school within a community can either encourage or discourage walking, biking, and other forms of active transportation. School location can also support community use of school facilities for a variety of programs and services. We will review and develop mechanisms to ensure that active transportation be considered among the criteria for school site selection.

Develop policy that will require active transportation be included in all provincial road construction projects that meet assessment criteria. The assessment criteria will include items such as traffic volumes and speeds, current subgrade, pavement and shoulder widths, right of way widths, route continuity, local active transportation or cycling plans, the presence of obvious destinations, population density, and available funding. A cost sharing agreement with the municipality may also be required.

***Thrive!* Profile: Active & Safe Routes to School**

The Ecology Action Centre's Active & Safe Routes to School initiative offers events to encourage walking and wheeling, safety training, and pace cars for anti-speeding; it offers support for school communities to create active transportation plans. One program that is popular with parents is the Walking School Bus. A survey of parents revealed that a common barrier was that they often didn't have time to walk the kids to school when they were on their way to work and other places. Now, at LeMarchant-St. Thomas Elementary, for example, parents take turns guiding the walking bus. From the beginning, they noticed the benefits to their kids: it helps them wake up, feel good, and make a great start to their day.



Objective: Support local governments to implement physical activity plans

Initiatives to increase physical activity are most effective when they change social and built environments and are tailored to the individual needs, strengths, and resources of a community. The Municipal Physical Activity Leadership Program (MPAL) is a partnership that provides 50 per cent funding for municipalities to hire local physical activity coordinators to develop and implement comprehensive physical activity plans in cooperation with partners in health and education. Recently, some Mi'kmaq communities have expressed an interest in forming similar partnerships.

Action:

Expand the Municipal Physical Activity Leadership Program to support all municipalities and Mi'kmaq communities. Currently, 40 of 55 municipalities participate in the MPAL program and 29 physical activity practitioners are in place in communities across Nova Scotia.

Thrive! Profile: Stepping Up

Stepping Up represents a unique partnership of seven lead agencies committed to improving the physical activity levels of Halifax region residents. There are more than 60 action plans to enhance awareness, secure the commitment of community partners, and establish supportive social, built, and natural environments. Each partner commits to taking action. For example, the IWK Health Centre mapped indoor and outdoor walking routes for staff, patients, and employees. It also pipes music into one major stairwell to encourage people to use the stairs. Stepping Up is a collaborative partnership of the Halifax Regional Municipality, Capital Health, IWK Health Centre, Halifax Regional School Board, the Heart and Stroke Foundation of Nova Scotia, Dalhousie University, and the Nova Scotia Department of Health and Wellness.

Objective: Improve access to facilities and places to be active

In Nova Scotia, hundreds of millions of dollars have been invested to develop infrastructure to encourage people to be active. This infrastructure includes sport, recreation, and community facilities, such as arenas, pools, gymnasiums, community centres, schools, and playgrounds, as well as beaches, parks, trails, and places to be active in the natural environment. Research shows that people who live near facilities are more likely to be active.⁴⁸ However, barriers to access these facilities include cost, transportation, or scheduling practices that may favour organized over unstructured activities, particularly in rural areas.

Actions:

Launch a new program to provide children, youth, and families with opportunities for free access to sport and recreation facilities. The program will be developed and implemented in partnership with municipalities and other owners or operators of major facilities and will support free facility time, with leadership, programming, and promotion to focus on unstructured activities and play. The program will be phased in, with an emphasis on areas of greatest need. As a first step, we will conduct a review of the current supply and demand for facilities and spaces, to inform recommendations for provincial policy to maximize use.

Create a policy requiring equitable and fair access policies for new physical activity and sport facilities that receive provincial funding.

Enhance collaboration on outdoor facilities including parks, trails, and protected areas. This will ensure that areas are available for outdoor recreation and active play in the natural world for children, youth, and families. A first step will be to consult with stakeholders and the public to develop a new provincial parks strategy. The commitment to protect 12 per cent of provincial land by 2015 supports this action.

Thrive! Profile: Free Ice Time in Shelburne County

The Municipality of Shelburne offers 100 hours of free ice time to community groups at the Shelburne County Arena. The municipality took this unusual route to encourage more people of all ages to make use of the rink. The program has increased opportunities for physical activity, removed financial barriers, and spurred groups to think of creative ways to use the facility. The result is that the arena is seeing a lot more action: boys' and girls' recreational hockey programs; women's hockey; skating parties for families, church groups, youth groups, and schools; fundraisers on ice; and off-season ball hockey.





Leadership and Engagement

It will take a cultural shift to create the environments that will allow generations of Nova Scotians to thrive. Such large-scale societal change requires broad cross-sector coordination and a shared purpose.⁴⁹ We need to create urgency about the challenges we are facing, stimulate public dialogue about what we value as a society, raise awareness of the broad factors affecting health, and build support for the diverse solutions that are needed over the long term.

Nova Scotia is already doing many things well. Through a multi-year engagement strategy, we will celebrate our successes to demonstrate the way forward and to inspire and empower others to act. The engagement strategy will harness the enthusiasm, talents, and resources of partners in many sectors and provide everyone the best opportunity to play a role. When all Nova Scotians are informed and engaged, the momentum for change can build and be sustained.

Objective: Engage Nova Scotians in the issues and solutions to improve collective health

Actions:

Communicate *Thrive!* strategic directions with a platform to engage the public and partners, including youth. Launch the engagement platform with a website, video, and resources designed to build awareness and commitment. Profile champions and best practices; provide tools and resources for others to champion *Thrive!* In addition, develop partnerships and strategic alliances with various sectors, including the private sector. Youth will be engaged through the Youth Advisory Council, 4-H, the Health Promotion Youth Corps, Leaders of Today, and other existing groups.

Implement social marketing campaigns to positively influence the beliefs, attitudes, and behaviours of targeted audiences. Government and partners currently support several social marketing campaigns, such as the First 6 Weeks breastfeeding campaign (first6weeks.ca) and the Goodness in Many Ways: Fresh, Canned, Frozen vegetable and fruit campaign (freshcannedfrozen.com). We will continue to seek partnerships to develop more social marketing campaigns and deliver consistent messages about health, ensuring that campaigns reflect cultural diversity. One priority is a new campaign to market physical activity among junior high students, with special emphasis on girls, whom research shows are less active.

Host bi-annual *Thrive!* summits, in collaboration with partners. The summits will enable partners to engage across sectors, learn from local and international experts, review progress, set new priorities, and maintain momentum for the plan.

***Thrive!* Profile: Walkabout**

Heart&Stroke Walkabout™, led by the Heart and Stroke Foundation in partnership with the Department of Health and Wellness and the Ecology Action Centre, aims to help Nova Scotians discover the pleasure of walking and its social and emotional benefits. The website supports Nova Scotians to walk; in addition to online step tracking, users have opportunities to connect with walking groups and friends and can create and access walking routes. The initiative offers leader training, access to pedometers, as well as support for making communities more walkable. The youth focused piece, OneStep, is a resource to help leaders and teachers encourage junior high students to be more physically active. Research shows that by grade 11, very few Nova Scotian youth are active enough.¹⁶

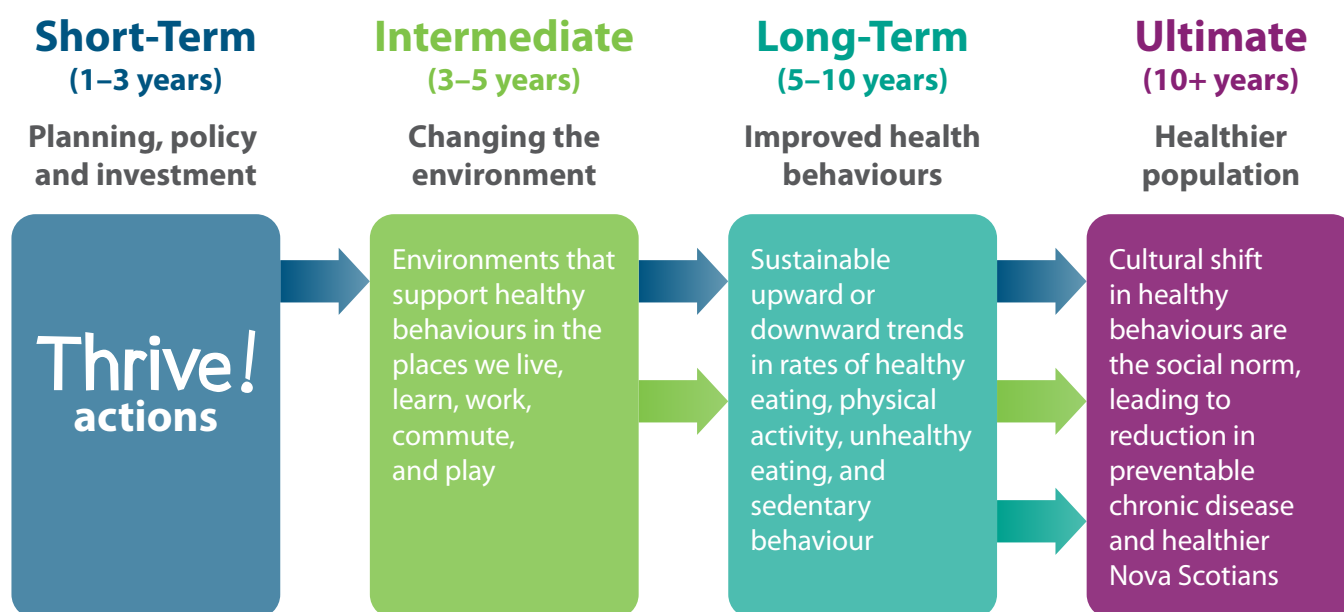


Measurement and Reporting

The factors influencing poor diet, inactivity, obesity, and chronic disease are complex and deeply rooted in our modern ways of living. Evidence indicates the broad areas in which we must take comprehensive action, but it is often not possible to measure simple cause-and-effect relationships for individual actions.

To measure progress, we must consider the effects of multiple interacting factors and incorporate new and emerging evidence. Nova Scotia already has several excellent surveillance programs, but the system could be strengthened with sustainable funding, capacity to fully link and analyze existing data, and routine measurement of additional population-based information, such as growth monitoring.

The evaluation plan for *Thrive!* will include benchmarks and measures for short, intermediate, and long-term outcomes. Success will be defined by sustainable upward or downward trends in key indicators, recognizing that it takes time for trends to slow before they can be reversed.



Objective: Measure and report on progress

Actions:

Enhance provincial surveillance of healthy eating and physical activity and their community and policy-level determinants. This can be done by finding new and better ways to measure how communities support healthy behaviours, such as exploring the use of Geographic Information Systems (GIS) and other mapping techniques.

Strengthen links between researchers and policy makers by developing new mechanisms for information sharing to inform policy and government decision making. This will involve hosting a Best Brains exchange and Research Forum to connect researchers and policy makers working to develop environments that support healthy eating and physical activity.

Develop a comprehensive *Thrive!* evaluation plan that includes expected short-, medium-, and long-term outcomes, key indicators and benchmarks, and a process for annual evaluation, planning, and priority-setting, including evaluation of new evidence. The *Thrive!* plan will also include the continued monitoring and evaluation of relevant provincial initiatives and strategies that support healthy eating and physical activity (e.g., Healthy Eating Nova Scotia, Active Kids Healthy Kids, the Municipal Physical Activity Leadership Program, Health Promoting Schools, and monitoring food security).

Provide regular public reporting on *Thrive!* progress. Publish a report every two years that provides an update on activities undertaken, status of key indicators, new or emerging information; and establishes upcoming priorities.

Conclusion

What will it take to create a healthier Nova Scotia in the decades to come?

It will take sustained leadership, coordination, and investment to address the underlying causes of poor health and change our environments in ways that encourage and support us to be healthier every day.

Change won't be easy. It means overcoming complacency and challenging ingrained social norms. To do that, we need to develop a shared understanding of the problems and solutions, create urgency around our actions and encourage public discussion about what we value most as a society.

Thrive! makes prevention a government-wide priority. It builds upon the work of many dedicated organizations and individuals, sets the direction for the next five years and calls on all of us—from parents to policy makers—to play a role.

We don't have all the answers right now. As we move forward, we will continue to seek input, incorporate the latest research and measure results to update and adjust our plan. And we'll share progress and celebrate success to keep everyone informed, inspired and motivated on our path to a healthier Nova Scotia.

References

1. World Health Organization. *The World Health Report 1998*. Geneva, 1998.
2. Health Canada. Healthy living can prevent disease. www.phac-aspc.gc.ca/cd-mc/healthy_living-vie_saine-eng.php.
3. Editorial. Urgently needed: a framework convention for obesity control. *Lancet* 2011; 387: 741.
4. Christakis NA and Fowler JH. The spread of obesity in a large social network over 32 years. *Engl J Med* 2007; 357: 370-79.
5. Reilly JJ, Armstrong J, Dorosty AR, Emmett PM, Ness A, Rogers I, Steer C, Sherriff A for the Avon Longitudinal Study of Parents and Children Study Team. Early life risk factors for obesity in childhood: cohort study. *BMJ* 2005; 330: 1357-59.
6. Yale Rudd Center for Food Policy and Obesity. Weight bias—A social justice issue. Policy brief. 2012. www.yaleruddcenter.org/resources/upload/docs/what/reports/Rudd_Policy_Brief_Weight_Bias.pdf.
7. Stolzer, JM. Breastfeeding and obesity: a meta-analysis. *Open Journal of Preventative Medicine* 2011; 1: 88-93.
8. World Health Organization. *Global Strategy for Infant and Young Child Feeding*. Geneva, 2003. whqlibdoc.who.int/publications/2003/9241562218.pdf.
9. Health Canada. Exclusive breastfeeding duration: 2004 Health Canada recommendation. www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/nutrition/excl_bf_dur_dur_am_excl-eng.pdf.
10. Health Canada. *Eating well with Canada's Food Guide*. www.healthcanada.gc.ca/foodguide.
11. Canadian Society for Exercise Physiology. Canadian Physical Activity Guidelines. www.csep.ca/guidelines.
12. Sedentary Behaviour Research Network. Standardized use of the terms "sedentary" and "sedentary behaviours". *Appl Physiol Nutr Metab* 2012; 37: 540-42.
13. Canadian Society for Exercise Physiology. Canadian Sedentary Behaviour Guidelines. www.csep.ca/guidelines.
14. Statistics Canada. Canadian Community Health Survey. www.phac-aspc.gc.ca/cd-mc/healthy_living-vie_saine-eng.php.
15. Reproductive Care Program of Nova Scotia. The Atlee Perinatal Database. rcp.nshealth.ca/atlee-database.
16. Nova Scotia Department of Health and Wellness. *Keeping Pace*. www.gov.ns.ca/hpp/pasr/akhk-keeping-pace.asp.
17. Participatory Action Research and Training Centre at Mount Saint Vincent University. *Can Nova Scotians Afford to Eat Healthy? Report on 2010 Participatory Food Costing*. 2011. www.foodsecurityresearchcentre.ca/storage/docs/food-costing/Food%20Final%202010_Food%20Final.pdf.
18. Tremblay MS, Shields M, Laviolette M, Craig C, Janssen I. Fitness of Canadian children and youth: Results from the 2007-2009 Canadian Health Measures Survey. *Health Reports* 2010; 21: 7-20.
19. Wiecha JL, Peterson KE, Ludwig DS, Kim J, Sobol A, Gortmaker SL. When children eat what they watch: impact of television viewing on dietary intake in youth. *Arch Pediatr Adolesc Med* 2006; 160: 436-42.
20. Veugelers P, Kirk S. CLASS II. Unpublished data. 2012.
21. Public Health Agency of Canada. *The Canadian Maternity Experiences Survey* 2009. www.phac-aspc.gc.ca/rhs-ssg/pdf/survey-eng.pdf.
22. Kuhle S, Allen AC, Veugelers PJ. Prevention potential of risk factors for childhood overweight. *Can J Public Health* 2010; 101: 365-68.
23. Colley RC, Garriguet D, Janssen I, Craig CL, Clarke J, Tremblay MS. Physical activity of Canadian adults: Accelerometer results from the 2007 to 2009 Canadian Health Measures Survey. Statistics Canada, Catalogue no. 82-003-XPE. *Health Reports* 2011; 22(1).
24. Diabetes Care Program of Nova Scotia Registry 2010.
25. Kuhle S, Kirk S, Ohinmaa A, Yasui Y, Allen AC, Veugelers PJ. Use and cost of health services among overweight and obese Canadian children. *Int J Pediatr Obes* 2011; 6: 142-48.
26. Department of Health and Wellness; unpublished analysis, 2011.
27. Colman, GPI Atlantic. *The cost of chronic disease in Nova Scotia*. October 2002. www.gov.ns.ca/health/reports/pubs/cost_chronic_disease.pdf.
28. Frieden, TR. A Framework for public health action: The health impact pyramid. *Am J Public Health* 2010; 100: 590-95.

29. A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weight. *Curbing Childhood Obesity*. 2010. www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf.
30. Senate Subcommittee on Population Health. A Healthy, Productive Canada: A Determinant of Health Approach. October 2009. www.parl.gc.ca/Content/SEN/Committee/372/SOCI/rep/repoct02vol6part5-e.htm.
31. Canada's Ministers of Health and Health Promotion. *Creating a Healthier Canada: Making Prevention a Priority*. 2010. www.phac-aspc.gc.ca/hp-ps/hl-mvs/declaration/pdf/dpp-eng.pdf.
32. OECD. Growing Unequal? *Income Distribution and Poverty in OECD Countries*. Country note: Canada. 2008. www.oecd.org/els/social/inequality.
33. National Collaborating Centre for Healthy Public Policy. Health Impact Assessment. Quebec. www.ncchpp.ca/54/Health_Impact_Assessment.ccnpps.
34. McCain MN, Mustard JF, & McCuaig K. *Early Years Study 3: Making Decisions, Taking Action*. Toronto: Margaret & Wallace McCain Family Foundation. 2011. earlyyearsstudy.ca/media/uploads/report-pdfs-en/ey3_en_full_report.pdf.
35. WHO Baby-Friendly Hospital Initiative, 2009. www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html.
36. WHO Code of Marketing of Breast Milk Substitutes, 1981 Geneva. *Frequently Asked Questions, Updated Version 2008*. whqlibdoc.who.int/publications/2008/9789241594295_eng.pdf.
37. Cathy Chenhall, for the Healthy Living Issue Group (HLIG) of the Pan-Canadian Public Health Network. Improving cooking and food preparation skills. A synthesis of the evidence to inform policy and program development. 2010. www.hc-sc.gc.ca/fn-an/alt_formats/pdf/nutrition/child-enfant/cfps-acc-synthes-eng.pdf.
38. Heart and Stroke Foundation of Canada. *Time Crunch is Stealing Healthy Years from Canadians*. November 2011. www.heartandstroke.com/atf/cf/%7B99452D8B-E7F1-4BD6-A57D-B136CE6C95BF%7D/HSF_ReportNov2011_ENG_LR.pdf.
39. Canadian Sport for Life (CS4L). *Developing Physical Literacy: A Guide for Parents of Children Ages 0 to 12*. www.canadiansportforlife.ca/parents/physical-literacy.
40. Physical and Health Education (PHE) Canada. Quality Daily Physical Education. www.phecanada.ca/programs/quality-daily-physical-education.
41. Veugelaers P, Fitzgerald A. Effectiveness of school programs in preventing childhood obesity: a multilevel comparison. *Am J Public Health* 2005; 95: 432-35.
42. Harris JL, Pomeranz JL, Lobstein T, Brownell KD. A crisis in the marketplace: How food marketing contributes to childhood obesity and what can be done. *Annu Rev Public Health* 2009; 30: 211-25.
43. Ipsos Reid. *Canadians' Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity*. Prepared for Public Health Agency of Canada, November 2011.
44. Sattelmair J and Ratey JJ. Physically active play and cognition. An academic matter? *Am J Play* 2009; 365-74.
45. Borawski EA, Levers-Landis CE, Lovegreen ID, Trapl ES. Parental monitoring, negotiated unsupervised time, and parental trust: the role of perceived parenting practices in adolescent health risk behaviors. *J Adolesc Health* 2003; 33: 60-70.
46. Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the International Society for Physical Activity and Health (ISPAH). *NCD Prevention: Investments that Work for Physical Activity*, February 2011. www.globalpa.org.uk/pdf/investments-work.pdf.
47. Ecology Action Centre, Discussion Brief: Reducing Childhood Obesity by Increasing Opportunities for Active Transportation. November 2011.
48. Active Living Research. Designing for active living among children. Research Summary. Fall 2007. www.activelivingresearch.org/files/Built_Design.pdf.
49. Kania J and Kramer M. Collective Impact. *Stanford Social Innovation Review*. Winter 2011. www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf.

Action Plan

	Lead Department(s)	2012–13	2013–14	2014–15
Foundation: Social Policy				
Health impact assessment	Health and Wellness			● ...▶
Direction # 1: Healthy Start				
Best practice and clinical guidelines (e.g., WHO growth charts)	Health and Wellness	○ ...▶		
Information and resources for parents and families	Health and Wellness	○ ...▶		
Baby Friendly Initiative	Health and Wellness	○ ...▶		
Breastfeeding community grant program	Health and Wellness	● ...▶		
First6Weeks campaign (peer support)	Health and Wellness	○ ...▶		
Provincial Breastfeeding Policy	Health and Wellness	○ ...▶		
Direction #2: Skills and Knowledge				
Food skills and knowledge in school curricula	Education	○ ...▶		
Support for community-based food skills and knowledge programs	Health and Wellness	○ ...▶		
Provincial food literacy plan	Health and Wellness Agriculture		● ...▶	
Physical literacy in regulated childcare settings	Health and Wellness Community Services	○ ...▶		
Physical education in schools	Education	○ ...▶		
Physical literacy in sport and recreation programs (learn to swim)	Health and Wellness		● ...▶	
Educate leaders	Health and Wellness	○ ...▶		
Direction #3: Increase Opportunities				
Cross-government committee to align food policy	Health and Wellness Agriculture	● ...▶		
Work to limit fat, sugar, salt and caffeine in the food supply	Health and Wellness	○ ...▶		
Food policy and standards in schools, childcare settings	Health and Wellness Community Services Education	○ ...▶		
Food policy in sport and recreation settings, district health authorities, universities and colleges, provincial government	Health and Wellness	● ...▶		
Breakfast program transition (Nourish Nova Scotia)	Health and Wellness		● ...▶	
Work to decrease marketing to children	Health and Wellness	○ ...▶		
Physical activity, active learning, active transportation in schools	Health and Wellness Education	○ ...▶		
After school program	Health and Wellness	● ...▶		
Direction # 4: Healthier Communities				
Statement of Provincial Interest	Service Nova Scotia and Municipal Relations		● ...▶	
Active transportation policy and plan	Various		● ...▶	
Active transportation in criteria for school siting	Education	● ...▶		
Active transportation in assessment criteria for provincial road construction	Transportation and Infrastructure Renewal	○ ...▶		
Expanded physical activity leadership program	Health and Wellness	○ ...▶		
Facility access fund	Health and Wellness	● ...▶		
Collaboration on outdoor facilities (parks, trails, protected areas)	Health and Wellness Natural Resources Environment	○ ...▶		
Support: Awareness and Engagement				
Thrive! engagement strategy	Health and Wellness	● ...▶		
Social marketing campaigns	Various	○ ...▶		
Bi-annual Thrive! multi-stakeholder summit	Health and Wellness		●	
Support: Measurement and Reporting				
Evaluation plan, monitoring and surveillance	Health and Wellness	○ ...▶		
Bi-annual public reporting	Health and Wellness		●	

